

**The Dun & Bradstreet
Legal Insurance Plan
Summary Plan Description
for Active Employees**

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The Dun & Bradstreet Corporation Welfare Benefit Plan provides health care, life, accident, disability, employee assistance, flexible spending account and legal insurance benefits to eligible active employees of Dun & Bradstreet and its related companies who participate in the plan and their dependents. The Dun & Bradstreet Legal Insurance Plan for active employees (the “Legal Insurance Plan” or “Legal insurance coverage” or “Plan”) is part of The Dun & Bradstreet Corporation Welfare Benefit Plan and provides legal insurance benefits to active employees. This document summarizes the Dun & Bradstreet Legal Insurance Plan, as in effect on January 1, 2025, unless otherwise noted, for eligible active employees and their eligible dependents. It describes the benefits as they apply to eligible participants and serves as the summary plan description (SPD) for these benefits.

Dun & Bradstreet encourages you to read this SPD carefully and share it with your eligible dependents covered under the Legal Insurance Plan. If you have any questions about your benefits, please contact the Dun & Bradstreet Benefits Center. See the “How to Reach Your Legal Insurance Plan Service Provider” section in this SPD for contact information.

The insurance policy and the Dun & Bradstreet legal plan document provide additional information about the administration of the Legal Insurance Plan. If there is any difference between the information in this SPD and the information in the insurance policy and the Dun & Bradstreet legal plan document, or if there are details not covered in this SPD, the insurance policy and the Dun & Bradstreet legal plan document will determine how to resolve these issues.

Important Information

The Dun & Bradstreet Corporation (Dun & Bradstreet) is the Plan Sponsor of the Legal Insurance Plan.

The Legal Insurance Plan is fully insured through an outside insurance company (the “Insurance Provider”), which means the Insurance Provider assumes full responsibility for claims adjudication and payment. Day-to-day operations of the Legal Insurance Plan have been delegated to the Benefits Center for The Dun & Bradstreet Corporation (the “Dun & Bradstreet Benefits Center”).

You can contact the Insurance Provider or the Dun & Bradstreet Benefits Center if you have questions or need more information. See the section “How to Reach Your Legal Insurance Plan Service Provider” in this SPD for contact information.

HOW TO REACH YOUR LEGAL INSURANCE PLAN SERVICE PROVIDER

Here is how you can reach your Dun & Bradstreet Legal Insurance Plan service providers:

Provider	Contact Information
<p>Administrative Services:</p> <ul style="list-style-type: none"> ■ Dun & Bradstreet's Benefits Center at Fidelity 	<ul style="list-style-type: none"> ■ P.O. Box 770003 Cincinnati, OH 45277 ■ 1-877-362-8953 (or 1-888-343-0860 for the hearing impaired) ■ http://netbenefits.fidelity.com
<p>Insurance Provider:</p> <ul style="list-style-type: none"> ■ ARAG Insurance Company and Insurance Underwriter: GuideOne SMI 	<ul style="list-style-type: none"> ■ Visit www.ARAGLegalCenter.com and use Access Code 14202dnb to view detailed information on the Legal Insurance Plan. ■ Talk to an ARAG® Customer Care Specialist toll-free from 8:00 a.m. to 8:00 p.m. Eastern Standard Time, Monday through Friday at 1-800-247-4184. ■ E-mail an ARAG Customer Care Specialist at service@ARAGlegal.com ■ Non-Network Attorney Claims: ARAG P.O. Box 93180 Des Moines, Iowa 50393

ABOUT YOUR PARTICIPATION

This section contains important information about your participation in the Legal Insurance Plan, including eligibility information, when coverage begins, paying for coverage, making changes during the year and when coverage ends.

Who Is Eligible

You are eligible for coverage under the Legal Insurance Plan if you meet all of the following conditions:

- You are an active full-time or part-time employee employed by Dun & Bradstreet or a related company who participates in the Legal Insurance Plan with Dun & Bradstreet's approval, and
- You are regularly scheduled to work 20 or more hours per week.

If you are classified by a Dun & Bradstreet company as a temporary employee, leased employee, intern, or an independent contractor, you are not eligible to participate in the Legal Insurance Plan.

In addition, if you are not classified as an eligible employee by a Dun & Bradstreet company but are later reclassified as such either by action of the Plan Administrator or by a governmental or judicial authority, you will be deemed to have become an employee eligible to participate in the Legal Insurance Plan only prospectively and not retroactively to the date on which you are found to have first become an employee, assuming all other eligibility requirements are met.

Dependent Eligibility

Your eligible dependents are also eligible for coverage under the Legal Insurance Plan if you enroll for coverage. Eligible dependents include:

- Your legal spouse, (not including your divorced spouse) or your same-sex or opposite-sex domestic partner,
- Your or your spouse's/domestic partner's unmarried dependent child(ren) until December 31 of the year they reach age 26,

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- Your or your spouse's/domestic partner's unmarried dependent child, regardless of age, who is incapable of self-sustaining employment because of a mental or physical handicap as defined by applicable law provided, he or she was covered under the Dun & Bradstreet Medical Plan before age 26. Certification of disability must be approved by the Plan Administrator or the Claims Administrator. The Plan Administrator or Claims Administrator may review and re-certify eligibility for continued coverage in its discretion from time to time.

Eligible children may include:

- Biological children,
- Adopted children (eligible as of the date of birth if legally adopted before birth; otherwise, eligible as of the date they are placed in your home),
- Stepchildren who are living in your home,
- Foster children,
- Children placed in your care by court order/legal guardianship.

The following dependents will not be eligible for dependent Legal Insurance Plan coverage:

- Dependents who live outside the U.S. or Canada,
- Dependents in the military of any country or subdivision of any country,
- Dependents who are covered under the Legal Insurance Plan as a Dun & Bradstreet employee, or
- Dependents who are no longer eligible dependents under the terms of the Legal Insurance Plan.

Domestic Partner Eligibility

Your domestic partner may be eligible for coverage under the Medical Plan. In order for you to cover your domestic partner, you and your partner must either:

- Have properly registered your domestic partnership with an approved governmental domestic partnership registry, or

or

- Be at least 18 years old,
- Share a committed and exclusive relationship for at least six months,
- Not be married to another person,
- Not be related by marriage or blood, which would otherwise prohibit legal marriage in the state of residence, and
- Live together in the same household

or

- Enter into a civil union in accordance with the laws of a state which permits same-sex couples to enter into civil unions.

If any of the above eligibility requirements are no longer being met, domestic partner coverage ends. You must notify the Dun & Bradstreet Benefits Center immediately. See the "How to Reach Your Legal Insurance Plan Service Provider" section at the beginning of this SPD for contact information.

When Coverage Begins

You must enroll in the Legal Insurance Plan within 31 days of your first date of employment or the date you first become eligible. If you enroll within the 31 days, your coverage is effective the day you began employment with a Dun & Bradstreet company or the date you became eligible for Legal Insurance coverage under the Medical Plan.

If you do not choose to participate in the Legal Insurance Plan within 31 days of your employment date or the date you first become eligible, you must wait until the next annual enrollment, unless you experience an eligible family status change. See the, "Making Changes During the Year" section in this SPD for information on changing coverage during the year.

Paying for Coverage

You pay the full cost of coverage under the Legal Insurance Plan. Rates are calculated each year during annual enrollment to be effective the first day of the calendar year. Contributions are deducted from your paycheck on an after-tax basis; that is, after federal and state income taxes and FICA taxes are withheld from your paycheck.

When Coverage Ends

Coverage under the Legal Insurance Plan will end for you on the earliest of the following events:

- End of the period for which premiums are paid on a timely basis,
- End of the month in which Dun & Bradstreet terminates this Legal Insurance Plan,
- End of the month in which:
 - Your employment ends,
 - You are no longer eligible for Legal insurance benefits, or
 - You retire.
- The date you die,
- The date the Insurance Provider terminates coverage due to fraud.

Coverage for your eligible dependents will end on the last day of the month in which:

- Dun & Bradstreet terminates all dependent coverage under this Legal Insurance Plan,
- Dun & Bradstreet terminates this Legal Insurance Plan,
- Your dependent is no longer eligible for benefits, e.g., you divorce,
- You are no longer eligible for benefits,
- Your employment ends or you are no longer actively at work,
- Your coverage terminates,

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- Your premiums are not paid on a timely basis, or
- The date your dependent becomes covered as a Dun & Bradstreet employee,
- The date your dependent dies, or
- The date the Insurance Provider terminates coverage due to fraud.

If you die, your eligible dependent's coverage will end on the later of the last day of the year in which you:

- first enrolled for coverage, or
- last renewed your coverage during annual enrollment.

If your dependent child(ren) reaches the limiting age during the year, coverage will end for that dependent child(ren) on the last day of the calendar year.

If you are totally and permanently disabled and enrolled for Legal insurance coverage on the date your disability began, Legal insurance coverage for you and your eligible dependents will end on the earliest of the:

- first day of the month following the date you start receiving Dun & Bradstreet LTD plan benefits,
or
- date your authorized leave of absence due to total and permanent disability ends, if you are not eligible to receive benefits from the Dun & Bradstreet LTD plan.

If your coverage is cancelled for any other reason, except fraud, the Insurance Provider will notify you 31 days before canceling coverage. In the case of your or your covered dependents commission of fraud, your coverage will be cancelled without prior notice.

You may be eligible to convert your coverage to an individual policy offered by the Insurance Provider when coverage ends. See the "Conversion of Your Legal Insurance Coverage" section in this SPD for more information about conversion privileges.

Making Changes During the Year

If you do not enroll within 31 days of the date you are first eligible, you can enroll in the Legal Insurance Plan during the next annual enrollment, unless you experience a change in status as described in the “Changes in Family Status” and “If Your Employment Situation Changes” sections of this SPD.

Changes in Family Status

Qualified family status changes under the Legal Insurance Plan include:

- A change in your legal marital status (such as marriage, divorce, death of your spouse, legal separation) or domestic partner status (i.e. your domestic partner meets or fails to meet the domestic partner criteria), and
- A change in the number of your dependents (such as through birth, adoption or placement for adoption of a dependent child or death).

If you experience a qualifying event, you must notify the Dun & Bradstreet Benefits Center within 31 days from the date of the event to make changes.

The following table provides some examples of how a change in family status may affect your Legal insurance coverage. See the "When Coverage Begins" and "When Coverage Ends" sections in this SPD for more information.

If You.....	How Your Legal Insurance Coverage May Change...
<p><i>Experience birth, adoption or placement for adoption of a dependent child</i></p>	<ul style="list-style-type: none"> ■ Your dependent child(ren) is automatically covered, if you are enrolled in the Legal Insurance Plan. ■ If you are not enrolled in the Legal Insurance Plan, you may enroll for coverage within 31 days of the birth, adoption or placement for adoption of a dependent child or at the next annual enrollment by contacting the Dun & Bradstreet Benefits Center. ■ See the “How to Reach Your Legal Insurance Plan Service Provider” section in this SPD for contact information.

If You.....	How Your Legal Insurance Coverage May Change...
<i>Marry or establish an eligible domestic partner relationship</i>	<ul style="list-style-type: none"> ■ Your new spouse/domestic partner is automatically covered, if you are enrolled in the Legal Insurance Plan. ■ If you are not enrolled in the Legal Insurance Plan, you may enroll within 31 days of the marriage or establishment of a domestic partner relationship or at the next annual enrollment by contacting the Dun & Bradstreet Benefits Center. ■ See the “How to Reach Your Legal Insurance Plan Service Provider” section in this SPD for contact information.
<i>Divorce, legal separation, annulment or end of a domestic partnership</i>	<ul style="list-style-type: none"> ■ Your spouse’s/domestic partner’s Legal insurance coverage ends on the last day of the month in which your marital status changes. ■ The Legal Insurance Plan does not offer conversion privileges to dependents.
<i>Your dependent dies</i>	<ul style="list-style-type: none"> ■ If your child or spouse/domestic partner dies, their coverage under the Legal Insurance Plan ends on their date of death.
<i>Your dependent is no longer eligible for coverage</i>	<ul style="list-style-type: none"> ■ If your child or spouse/domestic partner is no longer eligible, Legal Insurance Plan coverage ends on the last day of the month in which they are no longer eligible. ■ If your dependent child(ren) reaches the limiting age during the year, coverage will end for that dependent child(ren) on the last day of the calendar year. ■ The Legal Insurance Plan does not offer conversion privileges to dependents.

If Your Employment Situation Changes

The following chart summarizes how your coverage under the Legal Insurance Plan may be affected if your employment situation changes.

If You.....	How Your Legal Insurance Coverage May Change...
<p><i>Take an approved leave of absence, including:</i></p> <ul style="list-style-type: none"> ■ An approved unpaid personal leave; ■ A family leave of absence under the Family and Medical Leave Act; or ■ A short-term disability leave of absence. 	<ul style="list-style-type: none"> ■ Your coverage will continue for you and your eligible covered dependents as long as you are on an approved leave and you pay the required contributions for coverage on a timely basis. ■ If you are on an unpaid leave, you will be billed monthly for the cost of your Legal insurance coverage by the Dun & Bradstreet Benefits Center.
<p><i>Leave the Company for any reason, including retirement</i></p>	<ul style="list-style-type: none"> ■ Your coverage stops at the end of the month when your employment ends. ■ You may be eligible to convert your Legal insurance coverage to an individual policy. ■ See the “Conversion of Your Legal insurance Coverage” section in this SPD for information about conversion privileges.
<p><i>Die</i></p>	<ul style="list-style-type: none"> ■ Your coverage stops the date you die. ■ ARAG will waive premium and offer coverage for your eligible dependents for 12 months from the date you die. ■ See the “How to Reach Your Legal Insurance Plan Service Provider” section in this SPD for contact information. ■ The Legal Insurance Plan does offer conversion privileges to dependents after that year, your dependents can roll their membership to the ARAG Conversion Plan.
<p><i>Are on Military Leave</i></p>	<ul style="list-style-type: none"> ■ Your coverage will continue for you and your eligible covered dependents as long as you are on an approved leave. ■ Premiums will be waived during your approved military leave.

YOUR LEGAL INSURANCE BENEFITS

The Legal Insurance Plan provides you and your eligible dependents with access to professional legal help if you are faced with legal difficulties that threaten your home, income, other assets and more.

The kinds of situations that may require the help of an attorney include:

- Estate planning, such as the need to create or update a will,
- Identity theft,
- Adoption,
- Buying or selling a home,
- Legal Dispute with a neighbor,
- Legal problem involving your eligible dependent child(ren).

The following summarizes the services that Dun & Bradstreet's Legal insurance coverage offers you, your spouse/domestic partner, and your dependent children.

In-Office Legal Services

Under the Legal Insurance Plan, you may choose to receive services from any attorney. However, in-office benefits are paid differently depending on whether you see a Network Attorney or a Non-Network Attorney.

Network Attorney Services

A Network Attorney is any attorney with whom the Insurance Provider has contracted to provide legal services under the Legal Insurance Plan. If you use the services of a Network Attorney, the Legal Insurance Plan pays the Network Attorney's hourly fees in full for *most* covered legal matters. You are responsible for costs associated with the legal matter. In addition, you do not need to file a claim for reimbursement; the Network Attorney does it for you. See the "Schedule of In-Office Legal Services" section in this SPD for more information about covered services.

You can obtain a complete list of Network Attorneys for your state, including information about the areas of law they practice, their phone number and their foreign language capabilities by contacting the

Insurance Provider. See the section “How to Reach Your Legal Insurance Plan Service Provider” at the beginning of this SPD for contact information.

If there is not a Network Attorney located within 30 minutes of your home, the Legal Insurance Plan guarantees you will receive in-network benefits. The Insurance Provider will work with you to arrange for you to receive covered legal services through an attorney in your area.

Non-Network Attorney Services

If you receive services from a Non-Network Attorney, you pay the cost of legal services and then file a claim form along with your attorney’s billing statement to the Insurance Provider. You will be reimbursed for covered expenses according to the non-network attorney indemnity benefits available (see the Certificate of Insurance referenced below for additional details). If you see a Non-Network Attorney, you must notify the Insurance Provider within 60 days of your consultation. In addition, your claim for reimbursement must be received by the Insurance Provider within 120 days after you incur a legal expense. Failure to submit a non-network claim within the required timeframe will result in non-payment.

Filing a Non-Network Attorney Claim

You or your representative must submit a written notice of a non-network attorney claim to the Insurance Provider within 2 years after the Insured Event. A claim form and itemized billing are required within 120 days after legal services for which you seek payment are completed. Failure to submit a non-network claim within the required timeframe will result in non-payment. See the “Glossary of Important Terms” for more information about what constitutes an Insured Event.

Schedule of Services

For a full schedule of services, please contact the provider (see “How to Reach Your Legal Insurance Plan Service Provider”). You may also review the plan [Certificate of Insurance](#) for plan details.

Reduced Fees for Non-Covered Matters

Payment of Attorney Fees is handled directly between the Insured and the Reduced Fee Network Attorney.

- Rates reduced by at least 25% for in-office legal needs such as representation and other legal issues for non-covered matters subject to reduced fee exclusions when using an Insurance Provider Reduced Fee Network Attorney.
- Access to Reduced Fee Network Attorneys is subject to availability. Insured's are encouraged to contact the Insurance Provider to determine proximity to a Reduced Fee Network Attorney within legal practice areas. See the "How to Reach Your Legal Insurance Plan Service Provider" section of this SPD for contact information.

Reduced Contingency Fees

- Network Attorney will represent an Insured under a contingent fee arrangement where the contingent fee cannot exceed 25% of the net recovery if successfully resolved before or after Trial, or cannot exceed 30% of the net recovery if successfully resolved only after an appeal.

Telephone Legal Access Services

You can call the Legal Insurance Plan's toll-free telephone number to receive advice from an attorney on how the law relates to your personal legal matters and get advice about what actions you can take to address your individual situation.

You will receive:

- Toll-free telephone advice on how the law relates to your personal legal matter and which action may be taken.
- Follow-up correspondence and telephone calls to third parties related to your personal legal matter.
- Specific document preparation and document review.
- You will receive legal assistance from the Telephone Legal Access Law Firm for the preparation or review of a Standard Will or Codicils.

Using the Legal Insurance Plan's toll-free number, you can also contact a law firm specializing in federal immigration law to determine how immigration law may apply to your personal situation.

Financial Education and Counseling Services

This service provides you toll-free telephone access to Financial Counselors. Financial Counselors who can address your questions and offer guidance on a variety of money management matters, as well as provide instructions on how to use the program's financial tools.

Financial information and services include:

- General financial planning counseling sessions
- Cash and debt management
- Savings and budgeting
- Asset allocation
- Credit reports
- Insurance
- IRAs and 401(k)s
- Federal Tax information and education
- Mortgage education
- Investments and Risks

You can also visit a financial education website which provides educational resources to help you establish a plan for reaching your goals, such as a down payment on a house, reeducation of debt or college funding for a child. This website includes interactive financial tools and an online reference library that can be used to create a personalized money management plan. Financial Counselors are also available for guidance on implementing your personal action items.

Identity Theft Services

A service that gives you access to resources to help you minimize and recover from identity theft, including:

- **Toll-free legal advice** from a Telephone Network Attorney to assist with legal-related problems that the theft of your identity may have caused.
- **Identity Theft Resource Materials**, including:
 - An Identity Theft Prevention Kit to help protect yourself from becoming a victim of identity theft in the first place,
 - An Identity Theft Victim Action Kit to help speed your recovery should you become an identity theft victim,
 - A tracking document to help you keep track of phone calls, e-mails and letters for attorneys,
 - An Identity Theft Affidavit to help you report your identity theft to necessary parties.
- **Identity Theft Case Managers** who will help you determine appropriate steps to begin recovery and help you monitor the progress of your recovery.
- **Full-Service Identity Restoration:** Certified Identity Theft Restoration Specialist provide full-service identity restoration services, including specialized limited Power of Attorney to work on your behalf to restore your identity.
- **Lost Wallet Services:** Certified Identity Theft Restoration Specialist assist you in canceling and reissuing personal documents such as credit cards, driver's license, Social Security Cards, etc. - due to lost or stolen wallet or identity documents.
- **Identity Theft Insurance:** Should you become a victim of identity theft, Identity Theft Insurance provides coverage up to \$1 million for expenses associated with restoring your identity. (Eligibility, coverage, limitations and exclusions are governed by a separate Master Policy. Please see the Identity Theft Plan Summary for details.)

In order to use the following services, you will need to log in and establish an online monitoring account.

- **Single-Bureau Credit Monitoring:** Services designated to track and immediately inform you of any activities or changes to your credit – including loan applications, credit card activations, purchases, etc.
- **Internet Surveillance:** Services that monitor thousands of websites and millions of online data points and will alert you if your personal information is being traded and/or sold.
- **Change of Address:** Services that monitors address change requests with the United States Postal Services
- **Child Identity Monitoring:** Services that enable parents or guardians to protect minor's information from identity theft by registering and tracking their data. Social Security Number trace monitoring which will detect the creation of a credit file in a minor's name

Immigration Assistance

The Legal Insurance Plan provides you with toll-free telephone access to an Network Attorney who will explain the U.S. immigration benefit, provide educational and administrative materials, provide practical and cautionary information, and monitor and assist you in dealing with U.S. immigration issues.

You will also have access to toll-free telephone advice from a Network Attorney specializing in U.S. immigration laws. The Network Attorney you choose can assist you with the following:

- An overview of general immigration issues, including the process and guidelines related to compliance with immigration law,
- Advice on filing and processing of applications or petitions, including which forms should or should not be filed,
- Laws and regulations governing various types of immigration benefits, including asylum, adjustment of status, business visas and employment authorizations,

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- Advice and information to individuals facing deportation and removal proceedings, and
- Breaking issues in immigration law, including changes in the law and programs that provide immigration benefits.

If your immigration matter cannot be handled over the phone or you need to see a state-specific attorney, you can contact a Network Attorney. If a Network Attorney provides you with any review, preparation or representation services that are covered by the Legal Insurance Plan, the Network Attorney's normal fee should be reduced up to 25%. Fee reductions do not apply to immigration services that are not covered by the Legal Insurance Plan. The Network Attorney will bill you directly for services.

DIY DOCS®

Do-It-Yourself Legal Documents - Online access to more than 300 state-specific documents authored and reviewed by attorneys for accuracy and state-specific compliance in all 50 states. These documents can assist you with everyday life, including issues involving:

- Automobiles
- Marriage
- Caregiving
- Real Estate
- Estate Administration
- Finances

Easy-to-Use Interactive Document Assembly Tool: Helps you efficiently create your own documents by asking simple questions.

My Documents: Online document storage and 24/7 access to create, update, retrieve and print your documents.

Legacy Planning: Create essential legal documents yourself with the help of DIY Docs, including:

- Financial Power of Attorney
- Living Will

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- Health Care Power of Attorney
- Standard Will

Caregiving Services – Advice

Telephone access for you to obtain legal advice and consultation on how the law relates to your parents/grandparents legal matter and which actions may be taken.

Caregiving Services

Reduced Fee Services- Should your parents/grandparents legal matter require legal representation; Network Attorneys provide reduced fee services of at least 25% off their normal rate for most legal matters. Payment of the attorney fees is handled directly between the parent/grandparent and the Reduced Fee Network Attorney. Access to a Reduced Fee Network Attorney is subject to availability. You are encouraged to contact ARAG to determine proximity to a Reduced Fee Network Attorney within legal practice areas.

Caregiver Support Services - As a member, you have toll-free access to a Care Advocate, who will:

- Answer your eldercare-related questions, assess eldercare need and help you develop a care plan
- Send you a **customized information guide** that contains lists of assisted living facilities, nursing homes or home health care agencies - including comparative quality-of-care ratings and reports on thousands of facilities and agencies - along with helpful eldercare information.
- Give you access to the nation's most comprehensive eldercare database with more than 90,000 long term care providers.
- Conduct searches to determine the availability and rates of assisted living facilities, nursing homes, home health care agencies and adult care providers. Advocate will negotiate discounts when available.

Plus, you will have access to the **ElderAnswers Website** which provides you online access to quality of-care ratings and reports, direct access to the provider database, and a wide-range of eldercare information.

Caregiving Guidebook - As a member, you have access to a "go-to" guidebook providing you with the tools and resources needed to take a proactive approach in your caregiving role.

Tax Services

This service provides you with year-round access to experienced tax specialist. You can call toll-free for a one-on-one consultation if you have questions or need advice regarding your personal, non-business related tax matters. Services include:

- Tips for state or federal filing of personal taxes
- Explanation of tax law changes
- Research on complex tax matters
- Advice regarding IRS Audits and notifications
- Review of last year's personal tax return
- Personal tax return preparation for only \$50*

*There is a \$50 cost for each tax preparation (federal or state). Tax preparation is limited to returns that include forms 1040, 1040A or 1040EZ including Schedule A (Itemized Deductions), Schedule B (Interest and Ordinary Dividends) and Schedule D (Capital Gains and Losses). Returns with additional schedules shall be prepared and billed at a rate of \$60 per hour.

What's Not Covered

The **Legal Insurance Plan** *does not* provide coverage for:

1. Services for matters against us, the plan sponsor and/or your employer
2. Matters arising out of your profession, business interests, occupation, employment, workers or unemployment compensation, relocation required by an employer, patents or copyrights.
3. Legal representation deemed by the providing attorney to be lacking merit, or representation that is, in the judgment of the providing attorney, in violation of attorney ethics rules.
4. Services for the benefit of a person other than you.

Telephone Legal Access Services, Telephone Tax Advice Services, Telephone Financial Planning Services, and Telephone Immigration Assistance Services *cannot* be provided for:

- Matters which require, in your and or the Telephone attorney's opinion, your personal presence in a firm's office or your direct and personal representation by another attorney or accountant
- Immigration assistance services unless those are specifically listed in your service agreement
- Services for a person other than the named insured against the interests of another plan member.
- Matters outside the jurisdiction of the United States of America or Canada.

Conversion of Your Legal Insurance Coverage

You may continue legal insurance coverage on an individual basis when you are no longer eligible to receive group coverage through Dun & Bradstreet's Legal Insurance Plan. The cost and level of benefits offered on an individual basis differs from the Dun & Bradstreet Legal Insurance Plan's costs and benefit levels. In order to be eligible for individual legal insurance coverage, you must notify the Insurance Provider within 90 days of the date your Legal Insurance Plan coverage ends that you wish to convert your legal expense insurance coverage to an individual policy. See the "How to Reach Your Legal Insurance Plan Service Provider" section in this SPD for contact information. Conversion privileges are *not* available to dependents whose coverage ends under the Legal Insurance Plan.

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ADDITIONAL RULES THAT APPLY TO THE LEGAL INSURANCE PLAN

Relation to the Parties

You have the unrestricted right to choose an attorney. Any fee agreement with a Network Attorney for covered services is the Insurance Provider's sole responsibility. The attorney is solely responsible to you for all legal services provided to you. The attorney is not the Insurance Provider's agent or employed by the Insurance Provider or Dun & Bradstreet. The Insurance Provider and Dun & Bradstreet will at no time control or interfere with the performance of the attorney. *Neither Dun & Bradstreet nor the Insurance Provider guarantees the skill of the attorney.*

You must give the Insurance Provider all the information the Insurance Provider requests with respect to the circumstances of an Insured Event as soon as practicable. The Insurance Provider has the right to withhold benefits if the requested information is not provided to the Insurance Provider.

All information about your legal matter is to be kept confidential, except as needed for the administration of the Legal Insurance Plan.

Grievances

If you have a problem with a Network Attorney in the handling of a legal matter covered under this insurance policy, and you and the attorney cannot resolve it, a written grievance is required. The Insurance Provider will provide you with a form and information about filing the grievance. You have the right to file a complaint with the State Bar about your attorney at any time.

The Insurance Provider will provide alternative benefits if you are unable to find a Network Attorney willing to perform the covered legal services or if the attorney selected by you is disqualified or otherwise unable to perform the covered legal services. Any disputes you have concerning your grounds for requesting an alternative benefit will be submitted to an impartial arbitrator whose decision will be binding on both parties.

Subrogation and Right of Reimbursement

The purpose of the Legal Insurance Plan is to provide Legal insurance coverage for legal expenses that are not covered by a third party. You will be required to reimburse the Insurance Provider for amounts paid for claims out of any monies recovered from a third party, including, but not limited to, your own insurance company as the result of judgment, settlement or otherwise. In addition, you will be required to assist the Insurance Provider in enforcing these rights and may not negotiate any agreements with a third party that would undermine the subrogation rights of the Legal Insurance Plan.

In addition, the Legal Insurance Plan is entitled to reimbursement of any claim paid for which you receive compensation from a third party, other than a family member, for legal expenses that have been paid by the Legal Insurance Plan.

Coordination of Benefits If You Are Covered by More than One Legal Insurance Plan

In situations where you have other coverage, the Legal Insurance Plan has a provision to ensure that payments from all of your legal insurance plans do not exceed the amount the Legal Insurance Plan would pay if it were your only coverage.

The rules described here apply to the Dun & Bradstreet Legal Insurance Plan. The following rules do not apply to any private, personal insurance you may have.

Determining Primary Coverage

To determine which Legal Insurance Plan pays first as the primary plan, here are some general guidelines:

If the claim is for:	This Plan Pays First...	This Plan Pays Second...
You	Dun & Bradstreet plan	Spouse/Domestic Partner’s plan
Your spouse/domestic partner	Spouse/Domestic Partner’s plan	Dun & Bradstreet Legal Insurance Plan
Your dependent children	See below	See below

If you are covered by another legal insurance expense plan that has no benefit coordination rules, that plan will pay benefits before your Dun & Bradstreet Legal Insurance Plan pays benefits. If both plans coordinate benefits, the plan that covers you or your spouse/domestic partner as an employee /employee (rather than as a dependent) is primary.

For example, if you have coverage under the Dun & Bradstreet Legal Insurance Plan, it is primary for your legal expenses. If your spouse/domestic partner is covered by an employer-sponsored plan, that plan is primary for your spouse/domestic partner's legal expenses. If you and your spouse/domestic partner are also covered under each other's plan, and you and your spouse/domestic partner both cover your children, then:

The primary plan for your children's coverage is determined by the birthday rule. This means your children's primary coverage is under the plan of the parent whose birthday occurs first in the plan year. For example, if your birthday is April 1 and your spouse/domestic partner's birthday is October 1, your plan is primary for your children.

Non-duplication of Benefits

If the Legal Insurance Plan is secondary, your Dun & Bradstreet coverage will ensure that, in total, you receive benefits up to what you would have received with the Legal Insurance Plan as your only source of coverage (but not in excess of that amount), based on the primary carrier's allowable amount. In other words, the Legal Insurance Plan does not allow duplication of benefits. A summary of coordination rules — how the Legal Insurance Plan coordinates coverage with another group plan to ensure non-duplication of benefits — is provided below. If you have questions, contact the Insurance Provider for help. See the “How to Reach Your Legal Insurance Plan Service Provider” section in this SPD for contact information.

How Benefits Coordinate

When the Legal Insurance Plan is the secondary coverage, here is how the benefits are coordinated:

- Submit claims for covered expenses to the primary coverage plan first.

- When you receive an Explanation of Benefits (EOB) statement from the primary plan that shows how your claim was processed, submit a copy of it along with your claim form to the Insurance Provider.

Only eligible expenses covered by the Legal Insurance Plan will be considered.

The Legal Insurance Plan then calculates what the benefit would be if the Dun & Bradstreet plan were the primary plan. If the primary plan paid less, the Legal Insurance Plan will pay the difference. If the primary plan paid the same amount or greater, no additional benefits will be paid by the Legal Insurance Plan. *Your reimbursement from both plans cannot exceed the amount that the Legal Insurance Plan would have paid in the absence of other coverage.*

This SPD Is Not a Contract

Insurance products are underwritten by ARAG Insurance Company of Des Moines, Iowa, GuideOne® Mutual Insurance Company of West Des Moines, Iowa or GuideOne Specialty Mutual Insurance Company of West Des Moines, Iowa. Service products are provided by ARAG Services, LLC. This SPD is for illustrative purposes only and is not a contract. For terms, benefits, or exclusions, visit the Insurance Provider website or call the toll-free number. See the “How to Reach Your Legal Insurance Plan Provider” section of this SPD for contact information.

PLAN ADMINISTRATION

This information about the administration of the Legal Insurance Plan is provided in compliance with the Employee Retirement Income Security Act (ERISA) of 1974, as amended. While you should not need these details on a regular basis, the information may be useful if you have specific questions about your Legal Insurance Plan.

Plan Name

The name of the plan is The Dun & Bradstreet Corporation Welfare Benefit Plan. The Legal Insurance Plan is one part of this plan.

Plan Sponsor

The Dun & Bradstreet Corporation is the Plan Sponsor of The Dun & Bradstreet Corporation Welfare Benefit Plan, of which the Legal Insurance Plan is a part. The name, address, and telephone number of the Plan Sponsor are:

The Dun & Bradstreet Corporation

5335 Gate Parkway

Jacksonville, FL 32256

1-800-234-3867

The Legal Insurance Plan is a welfare benefit plan providing prepaid legal expense insurance benefits.

Participating Employers

As of January 1, 2025, the participating employers are:

The Dun & Bradstreet Corporation

Dun & Bradstreet Credibility Corporation

Dun & Bradstreet, Inc.

For a complete list, please contact the Plan Administrator.

Effective January 1, 2025

Plan Administrator

The name, address, and telephone number of the Plan Administrator are:

The Plan Administration Committee

The Dun & Bradstreet Corporation

100 Campus Drive, 3rd Floor West

Florham Park, NJ 07932

1-973-921-5500

The administration of the Legal Insurance Plan will be under the supervision of the Plan Administrator. To the fullest extent permitted by law, the Plan Administrator will have the exclusive right to determine all matters relating to eligibility, coverage determination, interpretation and operation of the Legal Insurance Plan.

Insurance Provider

Listed below are the name, address, and telephone number of the organization that insures the legal benefits and provides related insurance services. These services include providing plan benefits, administering claims and providing customer assistance.

ARAG
500 Grand Avenue, Suite 100
Des Moines, IA 50309
1-800-247-4184

The Plan Administrator has delegated to the Insurance Provider full discretion to determine all matters relating to claims, up to and including final appeals. Any determination by the Plan Administrator, or any authorized delegate, shall be final and binding.

Agent for Service of Legal Process

The Plan Administrator is the designated agent for service of legal process. See the “Plan Administrator” section for more information.

Identification Numbers

The Employer Identification Number (EIN) assigned by the Internal Revenue Service to Dun & Bradstreet is 22-3725387. The plan number for The Dun & Bradstreet Corporation Welfare Benefit Plan is 501.

Plan Year

The plan year for the Legal Insurance Plan is January 1 through December 31.

Plan Funding

The Legal Insurance Plan is fully insured, which means the Insurance Provider assumes full responsibility for claims adjudication and payment of benefits. Participants pay 100% of the cost of coverage under the Legal Insurance Plan.

Plan Document

This SPD is intended to help you understand the main features of the Legal Insurance Plan. The insurance policy and Dun & Bradstreet legal plan document provide additional information about the administration of the Legal Insurance Plan. If there is any difference between the information in this SPD and the information in the insurance policy and Dun & Bradstreet legal plan document, or if there are details not covered in this SPD, the insurance policy and Dun & Bradstreet legal plan document will determine how to resolve these issues.

Future of the Plan

Dun & Bradstreet reserves the right to amend, modify, suspend or terminate the plan, in whole or in part, by action of the Compensation Committee of the Company's Board of Directors (or any delegate from time to time). Plan amendment, modification, suspension or termination may be made for any reason, and at any time.

CONTINUATION OF COVERAGE

You may be able to continue coverage under the Legal Insurance Plan under certain conditions.

Continuation of Coverage for Employees in the Uniformed Services

The Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA) guarantees certain rights to eligible employees with regards to military service. If you go on a qualifying military leave of absence, you are generally entitled to participate in any rights under benefits not based on seniority that are available to employees on comparable non-military leaves. Upon reinstatement to active employment with your employer, you are generally entitled to the seniority, and all seniority-based rights and benefits associated with the position that you held at the time your employment was interrupted, plus the additional seniority; and seniority-based rights and benefits that you would have attained with reasonable certainty if your employment had not been interrupted.

You may continue your participation in the Legal Insurance Plan while on military leave pursuant to USERRA, subject to any Insurance Provider limit. If you choose not to continue your legal insurance coverage while on military leave, you are generally entitled to reinstate your coverage with no waiting periods or exclusions (however, an exception applies to service-related injuries or illnesses) when you return to active employment with your employer.

To be eligible for the reemployment rights guaranteed by USERRA, you must meet certain requirements. One of these requirements is that you generally must return to active employment with your employer or reapply for employment with your employer, as applicable, within the following time frames:

- Return to work no later than the beginning of the first full, regularly scheduled work day following military service, including an 8-hour rest period after you return home from your military service, if you are on a military leave of less than 31 days,

- Return to or reapply for employment within 14 days of completion of such period of duty, if your period of military service is more than 30 days and less than 180 days, or
- Return to or reapply for employment within 90 days of completion of your period of duty, if your military service lasts more than 180 days.

See your Human Resources representative for more information on applicable military leaves of absence.

Continuation of Coverage While on a Family and Medical Leave

Under the federal Family and Medical Leave Act (FMLA), employees are generally allowed to take up to 12 weeks of unpaid leave (26 weeks in the case of a military caregiver leave) for certain family and medical situations.

If you are eligible, you can take up to 12 weeks of unpaid leave (26 weeks in the case of a military caregiver leave) in a 12-month period for the following reasons:

- For the birth and care of your newborn child or a child that is placed with you for adoption or foster care,
- For the care of a spouse, child, or parent who has a serious health condition,
- For your own serious health condition,
- For a qualifying exigency relating to the active duty, or call to active duty, of a family member who is a member of the US Armed Forces or of the reserves and who is deployed to a foreign country, or
- To care for a family member who is a member of the US Armed Forces or a veteran and who is being treated for or recovering from a serious injury or illness incurred or aggravated by service in the course of active duty (known as a “military caregiver leave”).

Depending on the state you live in, the number of weeks of leave available to you for family and medical reasons may vary based on state law requirements.

Your participation in the Legal Insurance Plan will continue while you are on an approved FMLA leave (paid or unpaid) as long as you pay the required premium for coverage in a timely manner. If your leave is unpaid, you will be billed for the cost of coverage under the Legal Insurance Plan. If you do not pay the required premium in a timely manner your coverage will terminate.

If you do not return to work at the end of the FMLA leave and your leave of absence is not extended, your coverage under the Legal Insurance Plan will terminate.

Continuation of Coverage While on an Employer-Approved Leave of Absence

If you take an approved leave of absence (whether paid or unpaid), your coverage under the Legal Insurance Plan will continue at active rates during your approved leave of absence subject to timely payment of the required premium and any Insurance Provider limit, with the exception of an FMLA or USERRA leave where you may choose to decline your benefit continuation.

If your leave of absence is paid, the cost of your coverage will be deducted from your pay. If your leave of absence is unpaid, you will be responsible for submitting payments for the required premium on a timely basis to continue coverage, otherwise your coverage will be terminated. The Dun & Bradstreet Benefits Center will bill you on a monthly basis for the cost of coverage starting the first of the month following the start of your approved unpaid leave. Payroll deductions will resume the first of the month following your return from the approved unpaid leave.

Your coverage may terminate before the end of your approved leave of absence if any of the other termination events described in the section “When Coverage Ends” occur, including your failure to pay the required contributions for coverage on a timely basis.

CLAIMS AND APPEALS PROCESS

Under the Plan, you may file claims for Plan benefits and appeal adverse claim determinations either yourself or through an authorized representative. All claims must be submitted in writing. Any reference to "you" in this Claims and Appeals and Process section includes you and your Authorized Representative. Additional information regarding appointment of an Authorized Representative is provided below.

If your claim is denied (in whole or in part), you will receive a written notice of the denial which will explain the reasons for the denial and the appeal procedures available under the Plan. Additional information is provided below.

The Insurance Provider is responsible for determining all claims for benefits under the Legal Insurance Plan. The Plan Administrator will determine all eligibility claims and other similar non-benefit claims. The Plan Administrator will respond to all such claims within the time frames and in the manner that claims for benefits are decided, but you must submit the claim to the Plan Administrator, not to the Insurance Provider. All appeals of such claims must also be filed with the Plan Administrator within 60 days of the denial. The Plan Administrator will respond to all such appeals within the time frames and in the same manner as claims for Legal insurance benefits.

Authorized Representative

You may appoint an authorized representative to act on your behalf for purposes of the Legal Insurance Plan.

If you need to appoint an authorized representative for purposes of a claim or appeal relating to benefits, you must follow the rules and procedures of the Insurance Provider for such claim or appeal. To the extent the Insurance Provider has no rules or procedures, your appointment of an authorized representative must:

- Be in writing and dated;

- Clearly indicate the authorized representative, the scope of the appointment and any limitations on the authorized representative;
- Be signed by you and notarized by a notary public;
- Satisfy any other legal requirement applicable to appointments under state or federal law; and
- Be approved by the Plan Administrator (or its delegate) in writing.

The Legal Insurance Plan will also recognize a court order appointing a person as your authorized representative. The Plan Administrator may also provide different rules and procedures for an appointment of an authorized representative in emergency situations or for attorneys.

Appointing an individual or entity as your authorized representative is not an assignment of rights or benefits under the Plan and any such appointment (whether pursuant to the rules of an Insurance Provider or the Plan Administrator) does not waive the Plan's anti-assignment provisions.

Time Frame for Claim Determinations

If you receive an adverse benefit determination (such as any denial, reduction or termination of a benefit, or a failure to provide or make a payment), the Insurance Provider will notify you of the adverse determination within a reasonable period of time, but not later than 90 days after receiving the claim. This 90-day period may be extended for up to an additional 90 days, if the Insurance Provider both determines that special circumstances require an extension of time for processing the claim and notifies you, before the initial 90-day period expires, of the special circumstances requiring the extension of time and the date by which the Legal Insurance Plan expects to render a determination.

In the event an extension is necessary due to your failure to submit necessary information, the Legal Insurance Plan's time frame for making a benefit determination on review is stopped from the date the Insurance Provider sends you the extension notification until the date you respond to the request for additional information. If the Insurance Provider does not receive the requested information from you

within 60 days of the date that the Insurance Provider sends you the request, your claim will be considered without such additional information and the resulting claim determination by the Insurance Provider will be final. No additional appeals with respect to such claim will be available to you under the terms of the Legal Insurance Plan.

If You Receive an Adverse Benefit Determination

The Insurance Provider will provide you with a notification of any adverse benefit determination, which will set forth:

- The specific reason(s) for the adverse benefit determination,
- References to the specific Legal Insurance Plan provisions on which the benefit determination is based,
- A description of any additional material or information needed to process the claim and an explanation of why that material or information is necessary.
- A description of the Legal Insurance Plan's appeal procedures and the time limits applicable to those procedures, including a statement of your right to bring a civil action under ERISA after an appeal of an adverse determination.

Procedures for Appealing an Adverse Benefit Determination

You or your authorized representative has 60 days (or such longer period allowed by the Insurance Provider) following the receipt of a notification of an adverse benefit determination within which to appeal the determination. Your request should include date of request, printed name and address (and name and address of authorized representative if you have designated one), date of service in question and description of claim denied (case confirmation number, if available). In connection with an appeal, you have the right to:

- Submit written comments, documents, records and other information relating to the claim for benefits,

- Request, free of charge, reasonable access to, and copies of all documents, records and other information relevant to your claim for benefits. For this purpose, a document, record, or other information is treated as “relevant” to your claim if it:
 - Was relied upon in making the benefit determination,
 - Was submitted, considered, or generated in the course of making the benefit determination, regardless of whether such document, record or other information was relied upon in making the benefit determination,
 - Demonstrates compliance with the administrative processes and safeguards required in making the benefit determination.

- Request a review that takes into account all comments, documents, records and other information submitted by you relating to the claim, regardless of whether the information was submitted or considered in the initial benefit determination.

The Insurance Provider will notify you of the Legal Insurance Plan’s benefit determination on review within a reasonable period of time, but not later than 60 days after receipt of your request for review by the Legal Insurance Plan. This 60-day period may be extended for up to an additional 60 days, if the Insurance Provider both determines that special circumstances require an extension of time for processing the claim, and notifies you, before the initial 60-day period expires, of the special circumstances requiring the extension of time and the date by which the Legal Insurance Plan expects to render a determination on review.

In the event an extension is necessary due to your failure to submit necessary information, the Legal Insurance Plan’s time frame for making a benefit determination on review is stopped from the date the Insurance Provider sends you the extension notification until the date you respond to the request for additional information. If the Insurance Provider does not receive the requested information from you within 60 days of the date the Insurance Provider sends you the request, your claim will be considered without such additional information and the resulting claim determination by the Insurance Provider will be final. No additional appeals with respect to such claim will be available to you under the terms of the Legal Insurance Plan.

The Insurance Provider's notice of an adverse benefit determination on appeal will contain all of the following information:

- The specific reason(s) for the adverse benefit determination
- References to the specific Legal Insurance Plan provisions on which the benefit determination is based
- A statement that you are entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records and other information relevant to your claim
- A statement describing any voluntary appeal procedures offered by the Legal Insurance Plan and your right to obtain the information about such procedures, and a statement of your right to bring an action under ERISA.

Exhaustion of Administrative Remedies and Limitations on Actions

If you do not agree with the final determination on review, you have the right to bring a civil action under Section 502(a) of ERISA, if applicable. You must use and fully exhaust all of your actual or potential rights under this Legal Insurance Plan's administrative claims and appeals procedure by filing an initial claim and seeking a timely appeal of any adverse benefit determination before bringing suit or any other legal action against or with respect to the Plan and/or the Plan Administrator. This relates to claims for benefits, eligibility and to any other issue, matter or dispute (including any plan interpretation or amendment issue). Any such suit or other legal action must be filed within the earliest of the following - (1) two years after receiving an adverse benefit determination on review or (2) two years of the date the claim arose. If the Plan decides an appeal is untimely, the Plan's latest decision on the merits of the underlying reimbursement request or benefit request is the final decision date. You must also comply with any requirements of the Insurance Provider. If the suit or other legal action does not relate to a claim for benefits, it must be brought within two years of the date you have actual or constructive knowledge of the claim. In addition, the suit or other legal action must only be brought or filed in a federal court in the Middle District of Florida. Failure to follow Legal Insurance Plan's administrative claims and appeals procedures in a timely manner will

cause you to lose your right to sue regarding an adverse benefit determination. This means that any claim, action or suit filed in court or in another tribunal will generally be dismissed.

In any action or consideration of a claim in court or in another tribunal following exhaustion of the Plan's claims procedures, the subsequent action or consideration shall be limited to the maximum extent permissible to the record that was before the Plan Administrator or Insurance Provider in the claims procedure process. Upon review by any court or other tribunal, the exhaustion requirement is intended to be interpreted to require exhaustion in as many circumstances as possible.

Discretionary Authority

The Plan Administrator and the Insurance Provider (with respect to all matters each such party is authorized to handle) have the exclusive discretionary authority to construe and to interpret the Legal Insurance Plan, to decide all questions of eligibility for benefits and to determine the amount of such benefits, and their decisions on such matters are final and conclusive. Any interpretation or determination made pursuant to such discretionary authority shall be given full force and effect. Benefits under the Legal Insurance Plan will be paid only if the Plan Administrator or the Insurance Provider, as applicable, decides in its discretion that a participant is entitled to them.

YOUR RIGHTS UNDER ERISA

As a participant in the Legal Insurance Plan, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that all plan participants shall be entitled to:

Receive Information About Your Plan and Benefits

- Examine, without charge, at the Plan Administrator's office and at other specified locations, such as worksites, all documents governing the plan, including insurance contracts, and a copy of the latest annual report (Form 5500 Series) filed by the plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.
- Obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the plan, including insurance contracts and copies of the latest annual report (Form 5500 Series) and updated summary plan description. The administrator may make a reasonable charge for the copies.
- Receive a summary of the plan's annual financial report. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate your plan, called "fiduciaries" of the plan, have a duty to do so prudently and in the interest of you and other plan participants and beneficiaries. No one, including your employer, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit or exercising your rights under ERISA.

Enforce Your Rights

If a claim for a welfare benefit is denied or ignored, in whole or in part, you or your beneficiary has the right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy of plan documents or the latest annual report from the Legal Insurance Plan and do not receive them within 30 days, you may file suit in a federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Plan Administrator.

If you have a claim for benefits that is denied or ignored, in whole or in part, you may file a suit in a state or federal court, but only after you have exhausted the plan's claims and appeals procedure, as described in the "Claims and Appeals Process" section of this SPD. If it should happen that plan fiduciaries misuse the plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

Assistance with Your Questions

If you have any questions about your Legal Insurance Plan, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Plan Administrator, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210.

You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

NO GUARANTEE OF EMPLOYMENT

Your participation in, eligibility for or your right to benefits under the Legal Insurance Plan described in this SPD is no guarantee of continued employment with Dun & Bradstreet or any Dun & Bradstreet company that participates in the Legal Insurance Plan.

In accordance with ERISA, this booklet provides a summary plan description of the Legal Insurance Plan, a part of The Dun & Bradstreet Corporation Welfare Benefit Plan. The information in this booklet does not constitute a commitment to continued employment.

Dun & Bradstreet reserves the right to change, modify or terminate any of the plans at any time.

Glossary of Important Terms

Attorney Fee — means the amount charged by an attorney for his/her time spent providing covered legal services.

Contested — means you are not able to reach a settlement before the complaint/petition is filed in court and a contradicting answer is filed by the defendant.

Dun & Bradstreet — The Dun & Bradstreet Corporation.

Effective Date — means the date on which Dun & Bradstreet enrolls the Named Insured and from which date you have paid the applicable premiums.

Indemnity Benefits — means covered legal services for which Attorney Fees are paid directly to the Insured up to a stated amount. The Insured is responsible for all Attorney Fees which may exceed the amount paid by the Insurance Provider.

Insurance Provider — *GuideOne Specialty Mutual Insurance Company*, 1111 Ashworth Road, West Des Moines, Iowa 50265. Phone: 1-800-247-4184.

Insured — means the Named Insured, the Named Insured's spouse or domestic partner (who is registered with the Insurance Provider) and their unmarried dependent children under the age of 23 who reside in the Named Insured's household (if indicated by coverage listed in the "Your Legal insurance Benefits" section of this SPD).

Insured Event — means an event which occurs while your certificate of insurance is in effect and which, in the case of:

- Legal Disputes or Legal Defense Benefits: means the first actual or first alleged violation of your or any other party's legal rights or obligations resulting in a Legal Dispute or Legal Defense.
- All other Benefits: means your first contact with the attorney regarding the matter for which benefits are claimed or the first court or administrative action regarding this matter, whichever is earlier.

Legal Dispute — means a disagreement between you and any other party regarding your legal rights.

Effective January 1, 2025

Legal Defense —means the defense of your legal rights in cases in which only defense actions are covered.

Named insured — a person registered by Dun & Bradstreet with the Insurance Provider as entitled to coverage under the terms of the Legal Insurance Plan

Network Attorney — means an attorney with whom the Insurance Provider has contracted to perform covered legal services in the United States for you.

Paid-in-full Benefits —means covered legal services specified in the “Your Legal insurance Benefits” section of this SPD, which are provided by a Network Attorney who has agreed to accept the Insurance Provider’s payment of Attorney Fees as complete payment.

Personal Property — means property, which is not real estate property, and which does not produce income.

Standard Will — means a will document without trust provisions other than a support trust for dependent children limited to appointing a guardian and placing assets for dependent children until they reach their age of majority.

Trial — means the proceeding in court when the parties try their case beginning with the impaneling of a jury in a jury trial and with the opening statements of the parties in a non-jury trial; trial does not include appearances on motions, pre-trial conferences, or appearances and continuance by the court.

Uncontested — action wherein all matters are settled without court intervention, mediation, arbitration or negotiation of material issues.